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MAIN TEXT

Junior doctors provide service to the NHS whilst learning under supervision. As employees, they are salaried to serve their patients. As learners, they must strike a balance between training and service provision over five or more years of postgraduate education. The Secretary of State for Health recently expressed his concern that juniors must not ‘miss out on training opportunities due to service pressures’ and committed to improve ‘working lives and training experiences’[1]. The ongoing review of the 2016 Junior Doctors Contract seeks to tackle these issues.

We believe that the contract is no barrier to the quality or quantity of education. Improving training depends on fostering a culture that respects learning as the equal – or even primary – facet of a junior doctor’s work.

Trainees now work shifts, as new ‘work schedules’ detail the expected hours of work and learning. Every clinician knows that this is problematic – neither patients nor pathology obey the clock. Even with adequate staffing, time tends to run out before the work is done. The contract thus includes a ‘safety valve’ – exception reporting. This permits junior doctors to alert supervisors whenever ‘actual work varies from their agreed work schedule’[2]. This ensures trainees are reimbursed for each extra hour, and acts to flag areas that are over-stretched.

Exception reporting is already under review. In July 2018, a statement released by organisations including the BMA, GMC and NHS Employers suggested that the ‘effectiveness and acceptability’ of exception reporting needs improvement, alluding to trainees feeling ‘discouraged’ and ‘unsupported’[3]. Our experience is that trainees perceive the requirement for supervisor agreement as a barrier to the completion of exception reports. Intended to assure supervision of those exceeding contracted hours, this step can be perceived as institutional monitoring of whether breaches are justified by ‘actual work’.

Trainees spend substantial time completing paperwork to facilitate flow through busy hospitals. It is usually impossible to hand-over work such as discharge letters, and these must sometimes be completed after the end of a shift. This is ‘actual work’. Trainees who stay late to do it are working overtime, and as casualties of stressed systems, should be reimbursed accordingly. Few, if any, would refuse to stay late to care for a deteriorating patient, or argue that doing so does not represent ‘actual work’. Such events provide rich learning opportunities – some consolation for cancelled evening plans. Nevertheless, these individuals are clearly working beyond their contracted hours and should be compensated appropriately.

So, what about events that primarily involve learning? If trainees are truly apprentices of medicine, then these are ‘actual work’ too. This applies whether learning occurs in the middle of the day – causing overrun of routine tasks, or at the end – leading directly to a late finish. Many of us have gained vital experience here – enough to realise that such situations are not ‘exceptional’. For trainees to become the best they can, the system must recognise that staying late to do one’s first lumbar puncture or laparotomy represents work – not a choice about how to spend free time. We must not establish a paradox where in protecting trainees from burnout, we prevent the acquisition of skills needed to serve patients effectively, now and in the future.

The new contract must work for trainees as employed learners. Unambiguous contracted hours can protect trainees from overwork, and those working beyond them must be compensated. Committed trainees who go home late as a result of capitalising upon learning opportunities must be recognised as undertaking ‘actual work’ and should not experience a barrier to the completion of an exception report. It is up to the profession to nurture a culture where all aspects of trainees’ roles are accepted as vital parts of their journey towards training completion.

STATEMENTS

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- 2 British Medical Association. Exception Reporting - Step by Step Guide. <https://www.bma.org.uk/advice/employment/contracts/junior-doctor-contract/exception-reporting/step-by-step-guide> (accessed 20 Oct 2018).
- 3 Academy of Medical Royal Colleges, British Medical Association, Care Quality Commission, General Medical Council HEE and NE. Exception Reporting: Joint Statement. 2018. <https://www.bma.org.uk/advice/employment/contracts/junior-doctor-contract/exception-reporting/exception-reporting-joint-statement> (accessed 6 Sep 2018).